

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/398126

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
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17		1		1		1
18	1		1		1	
19	1		1		1	
20		2		2		2
21	1		1		—	—
22	1		1		—	—
23		1		1	—	—
24	1		1		1	
25	1		1		1	
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TOTAL IND. 12  
TOTAL DEP. 11  
TOTAL CLAIMS 33

TOTAL IND. 10  
TOTAL DEP. 10  
TOTAL CLAIMS 20

ADDITIONAL CLAIMS OR AMENDMENTS